



**UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA**

Henry Diaz #812527)
Plaintiff)
)
)
Brian Myers #6657)
Defendant #)
Richard Waez #7328)
)
Lynne Abraham)
Phila. Police Commissioner)
)

Civil Action No. 10-1504

**APPLICATION FOR PRISONERS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at:

C.F.C.F. 7901 State rd Phila PA 19136

I am employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____
per _____
(specify pay period)

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | |
|--|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Welfare

4. Amount of money that I have in cash or in a checking or savings account: \$ 0
5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value): NONE
6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense): NONE
7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support: 0
8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

3 26 2010
Date

Henry Diaz
Applicant's signature
Henry Diaz
Printed name

9. **Certification of Prisoner's Institutional Account Balance:** An authorized prison official must complete the certification below, and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application.

I certify that the prisoner named herein has the sum of \$ 3.34 on account at CPCA correctional institution, where he is presently confined.

I further certify that during the prior six-month period, the prisoner's average monthly account balance was \$ 100.00; and that the average amount deposited monthly in the account during the prior six-month period was \$ 100.00.

Robert Carter
Signature and Title of Authorized Prison Official

3-26-2010
Date